

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531992

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1							51			
2				1						52			
3					1					53			
4						1				54			
5							1			55			
6								1		56			
7								1		57			
8									1	58			
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43										93			
44										94			
45										95			
46										96			
47										97			
48										98			
49										99			
50										100			
TOTAL IND.			1										
TOTAL DEP.			6										
TOTAL CLAIMS			7										